

Commonwealth of Massachusetts of State ETHICS COMMISSION 3 PM 3: 37

One Ashburton Place - Room 619 Boslon, Massachusetts 02108

STATEMENT OF FINANCIAL INTERESTS (SFI) CALENDAR YEAR 2018

Contact Information

Name: (First, Middle Initial, Last) Charles D. Baker	
Note: Primary residence oddress must be a physical address. A P.O. box will not be accept is the place where you live more than 50% of the time.	oted. Primary residence
Primary Residence Address: (Street, City, State, Zip Code)	- ne §
Note: Cantact mailing oddress must be a physical oddress. A P.O. bax will not be accepte	d. HAN 23
Contact Mailing Address: (Street, City, State, Zip Code)	1/2
☑ Same as Primary Residence Address	
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	دب
	بب دع
Note: You must provide a work phone number if you are currently serving in a position that an SFI and that position has a wark phone number. Otherwise, you must provide a person Wark Phone Number: 617-725-4000	
Note: Please pravide your work email address if you are currently serving in a position the	ot regulres you to file
an SFI and that position has an email address. Otherwise, please provide a personal email	
Work Email Address: Personal Email Address:	
Did you have a spouse residing in your household at any time during 2018?	⊠ Yes □ Na
Did you have a spouse restaing in your nousehold at any time during zoto:	no 162 P 146

Candidates and Public Service 1. Candidates Are you filing ONLY because you are a candidate for public office? Are Yes No Public office is a position for which one is nominated at a state primary or chosen at a state election, excluding the positions of Senator and Representative in the United States Congress and the office of regional school district school committee member elected district-wide. if yes, please identify the office for which you are a candidate:_ NOTE: If you are a candidate for public office AND you hold/held a public office that requires you to file an SFI, please complete BOTH Question 1 AND Question 2, 2. Your Public Position identify the position you now hold, or have held, which requires you to file a Statement of Financial interests and provide the required information for that position. If you held more than one public position which requires you to file, identify each position. ☐ Not Applicable. I am filing a Statement of Financial Interests ONLY because I am a candidate for public office. -> SKIP TO QUESTION 3 Agency Name: Governor's Office Agency Address: (Street, City, State, Zip Code) Governor's Office, State House Room 360 Boston, MA 02133 Position: Start Date in Position: End Date in Position: (if applicable) Governor of the Commonwealth of Massachusetts January 8, 2015 Work Email Address: Work Phone: 617-725-4000 Aiternate Phone: (required if you no longer hold Alternate Email Address: (if you no longer hold that position) that position) □ N/A □ \$20,001 to 40,000 Amount of income Earned in 2018: ☐ Less than \$1,001 ☐ \$40,001 to 60,000 ☐ \$1,001 to 5,000 □ \$60,001 to 100,000

[if extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

\$ 5,001 to 10,000

□ \$10,001 to 20,000

₩ \$100,001 or more

3. Your Other Public Positions and Ser	vices Provided By You to Public Agencies, if Any
	Question 2, Identify every public position you held, and every public at any time during 2018, whether compensated or not, and whether
Public position includes federal, state, ca	ounty, regional, and municipal positions.
	ony such entity as o consultant or independent controctor. These paid or unpoid. If you have ony questions about what you should the State Ethics Commission.
	iic position or provide services to any public agency at any time during rvices that require me to file a Statement of Financial interests> SKIP
Public Agency: County Federal Municipal Regional	Public Agency Name: Agency Address: (Street, City, State, Zip Cade)
Position:	
Amount of Income earned In 2018: N/A Less than \$1,001 \$1,001 ta 5,000 \$5,001 to 10,000 \$10,001 ta 20,000 \$20,001 to 40,000 \$40,001 ta 60,000 \$560,001 to 100,000 \$100,001 or mare	Were you a consultant/contractor?

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

2018 held, and every public a	your spouse and/or any dependent child(ren) residing in your household during gency to which your spouse and/or any dependent child(ren) residing in your at any time during 2018, whether compensated or not, and whether full-or
☐ Not Applicable. I did not h during 2018. → SKIP TO Qi	ave a spouse or any dependent child(ren) residing in my household at any time JESTION 5
2018, dld not hold any pub	e and/or any dependent child(ren) residing in my household at any time during illc position(s) or provide services to any public agency, at any time during 2018, not, and whether full- or part-time. SKIP TO QUESTION 5
Public Agency:	Public Agency Name:
☐ County ☐ Federal ☐ Municipal	
Regional State	Agency Address: (Street, City, Stote, Zip Code)
Position:	
	nt child a consultant/contractor?
ij your spouse or dependent cr	illa was a consultant or contractor, describe services provided:

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Private Employment and Leaves of Absence

<u>NOTE</u>: Questions 5-7 of this section require you, if applicable, ta provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is <u>NOT</u> subject to confidentiality under the law. The name af any such Business and/or the address af any such Business will <u>NOT</u> be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

Business includes all carparatians (far prafit and not-far-prafit), partnerships, sole praprietarships, firms, franchises, assaciations, arganizations, holding companies, jaint stock campanies, receiverships, business trusts, real estate trusts, and any ather legal entitles arganized far prafit ar far charitable purpases. It does <u>NOT</u> include government ogencies; real estate trusts formed <u>SOLELY</u> for the purpose af holding in a trust, residential praperty where the filer and/ar ane ar mare af the filer's family members, such as a parent, resides; and assaciations formed <u>SOLELY</u> for the purpose of holding residential candominium property where the filer and/or one or more of the filer's family members, such as a porent, resides.

=	Vanie	Debuata	Employment	
Э.	TUUI.	rrivate	Employment	

Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 2018, whether compensated or not, and whether full- ar part-time, and pravide the required infarmation for each.

☑ Not Applicable. I was not privately employed by a business or self-employed at any time during 2018. → SKIP TO QUESTION 6

Name of Business:	Position held with Business: Employee Manager Consultant	Self-employed:
	☐ independent Contractor	
Business Address: (Street, City, State, Zip Cade)	- I	<u>. </u>
income in 2018, if in excess of \$1,000:	□ N/A	
income includes any fee, solory, ollowance,	□ \$1,001 to 5,000	
fargiveness, interest, dividend, rayalty, rent, capital	□ \$ 5,001 ta 10,000	
gain, and any ather farm af campensotian, or any	□ \$10,001 to 20,000	
combination of the faregoing.	□ \$20,001 to 40,000	
	☐ \$40,001 to 60,000	
	☐ \$60,001 to 100,000	
	☐ \$100,001 or more	

[If extra space is needed to complete this respanse, attach additional pages, with your name of the top of each page and clearly note the question to which the information relates.]

	8usiness Address: (Street, City, S	tate, Zip Code)
If extro space is needed to camplete to page and clearly nate the questian to v	his respanse, attach additionol pages, with your which the information relates.]	r name ot the tap af eac
dentify every Business for which you during 2018 worked as an employee,	se and/or any Dependent Child(ren) Residing response and/or any dependent child(ren) resimanager, consultant, or independent contract nd whether full- or part-time, and provide the	ding in your household for at any time during
☐ Not Applicable. 1 dld not have a spoduring 2018. → SKIP to QUESTION	ouse or any dependent child(ren) residing in n 8 any dependent child(ren) residing in my hous	
Not Applicable. My spouse and/or		
work as an employee, manager, co	nsultant, or independent contractor of any But, and whether full- or part-time. $ ightharpoonup$ SKiP to QI	
work as an employee, manager, co		

[If extra space is needed to camplete this response, ottach additional pages, with your name at the tap of each page and clearly nate the question to which the information relates.]

Business Ownership and Transfers by You of Business Ownership

NOTE: Questions B-10 of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is NOT subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will NOT be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

Business includes all corporations (for profit and not-for-profit), partnerships, sale proprietorships, firms, franchises, associations, arganizations, holding camponies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities arganized for profit or for charitable purposes. It does NOT include government agencies; real estate trusts formed SOLELY for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed SOLELY for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.

В.	Businesses Yo	u Owned.	In Whole	or in Part

Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2018, and provide the required information for each.

□ Not Applicable. I was not the owner (in whole or in part), a partner, or a proprietor, and I did not own more than 1% of any class of the outstanding stock or similar ownership interest of a Business, at any time during 2018. → SKIP TO QUESTION 9

Name of Business: See Attachment A	Business Address: (Street, City, State, Zip Code)	
Percentage of stock or other ownership interest: Percentage of stock should be more than 1% but less than or equal to 100%.	income derived, if in excess of \$1000: Income includes any fee, solary, ollowance, fargiveness, interest, dividend, royalty, rent, capital gain, and any other form of campensation, or any cambination of the faregoing.	□ N/A □ \$1,001 to 5,000 □ \$ 5,001 to 10,000 □ \$10,001 to 20,000 □ \$20,001 to 40,000 □ \$40,001 to 60,000 □ \$60,001 to 100,000 □ \$100,001 or more

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

9. Businesses Owned in Whole or in Part by Your Spouse and/or any Dependent Child(ren) Residing in Your Household					
Identify each Business of which your spouse and/or any dependent child(ren) residing in your household during 2018 was, in whole or in part, an owner, partner or proprietor, or in which your spouse and/or any dependent child(ren) residing in your household owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2018, and provide the required information for each.					
☐ Not Applicable. I did not be during 2018. → SKIP TO QU	ave a spouse or any dependent child(ren) residing in JESTION 10	ı my household	at any time		
an owner (in whole or in pa	and/or any dependent child(ren) residing in my horestly, partner or proprietor, and did not own more the rownership interest of a Business, at any time during	an 1% of any cl	ass of the		
Name of Business:	Business Address: (Street, Cit)	v. Stote. Zio Coo	le)		
clearly note the question to which	[if extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.]				
10. Transfers of Business Ownership By You to Your Spouse and/or any Dependent Child(ren) Residing in Your Household					
Identify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any dependent child(ren) residing in your household during 2018, and provide the required information for each.					
☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 11.					
☑ Not Applicable. I did not transfer any stock or similar ownership interest in any Business to my spouse and/or any dependent child(ren) residing in my household during 201B. → SKIP TO QUESTION 11.					
Name of Business: Business Address: (Street, City, State, Zip Code) Business Address: (Street, City, State, Zip Code) Ownership Interest Transferred Transferred Oescription of Stock or Other Ownership Interest Transferred Transferred					
lif out to running to an adold to account	ete this response, attach additional pages, with your name	at the ten at	h 2000 5 7		
	ere viis response, artarii addikididi Dudes, With Your Nami	נוט עט נוור נטט שו 201	ALDUGE UITU		

[if extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Service as an Officer, Director, or Trustee of a Business

NOTE: Questions 11-12 of this section require you, if applicable, to provide Information about a Business, including its name and address. If the name of the Business Includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is NOT subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will NOT be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

Business includes all corporations (for profit and not-for-profit), portnerships, sale proprietorships, firms, franchises, associations, organizations, holding companies, joint stock camponies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does <u>NOT</u> include government agencies; real estate trusts formed <u>SOLELY</u> for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed <u>SOLELY</u> for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.

11. Your Service as an Officer, Director, or Trustee of a Business

Identify any Business in which you served as an officer, director, or trustee, at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Not Applicable. I did not serve as an officer, director, or trustee of a Business at any time during 2018 whether compensated or not, and whether full- or part-time. → SKIP TO QUESTION 12

Name of Busi	ness: 8usiness Address: (Street, City, Sto	te, Zip Code)
Position: Officer Director Trustee	Income derived, if in excess of \$1000: Income Includes ony fee, solory, ollowonce, forgiveness, Interest, dividend, royolty, rent, copital gain, and any other form af campensation, or any combination of the foregoing.	□ N/A □ \$1,001 to 5,000 □ \$ 5,001 to 10,000 □ \$10,001 to 20,000 □ \$20,001 to 40,000 □ \$40,001 to 60,000 □ \$60,001 to 100,000 □ \$100,001 or more

[If extra space is needed to complete this response, ottach additional pages, with your name at the top of each page and clearly note the question to which the infarmation relates.]

12.	Service by Your Spouse and/or an Director, or Trustee of a Business		nild(ren) Residing in Your Household as an Officer,
201		trustee, at any	ny dependent chiid(ren) residing in your household during time during 2018, whether compensated or not, and information for each.
	□ Not Applicable. I did not have time during 2018. → SKIP TD C		dependent child(ren) residing in my household at any
		r, or trustee of a	dent child(ren) residing in my household during 2018 did a Business at any time during 2018 whether compensated TD QUESTIDN 13
	Name of Business:	Position:	Business Address: (Street, City, State, Zip Code)
1.	American Red Cross of		139 Mein Street
	Massachusetts (Board Member)	☐ Difficer☐ Director☐ Trustee	Cambridge, MA 02142
2.	Phoenix Charter Academy		60 Canal Street, 4th Floor
	Foundation Board	☐ Officer ☑ Director ☐ Trustee	Boston, MA 02114
3.	Massechusetts Wanderfund inc.		600 Weshington Street
-,	(Vice Chair)	☑ Dfficer ☐ Director	Boston, MA 02110
		☐ Trustee	
4.	The Care Institute, Inc.	☐ Dfficer	77 Fourth Avenue, 5th Floor Waltham, MA 02451
		☑ Director ☐ Trustee	
S.	Baker-Polito 2019 Inaugural		138 Conant Street
	Committee, Inc.	Officer Director Trustee	Beverly, MA 01915

(If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Real Estate

Business includes all carparations (far prafit and not far profit), portnerships, sole proprietorships, firms, fronchises, ossociotions, organizations, holding campanies, jaint stack campanies, receiverships, business trusts, real estate trusts, and ony other legal entities arganized for profit or far charitable purpases. It does <u>NOT</u> include government agencies; real estate trusts formed <u>SOLELY</u> for the purpose of holding in a trust, residential property where the filer and/ar one ar mare af the filer's family members, such as a parent, resides; and associations farmed <u>SOLELY</u> for the purpose of holding residential condaminium property where the filer and/or one or more af the filer's family members, such as a parent, resides:

Real Estate meons oil Interests in reol property, including, but not limited ta, developed or undeveloped land, buildings and structures of ony kind, candaminiums, caoperative oportments, time shares and ather fractional awnership interests in land ar buildings, and rights in land, including easements, oir rights, mineral rights, and the like, excluding ony Real Estate that you held as a trustee, naminee, ar agent far another person, unless you held such Reol Estate far yourself, or for your spause and/ar any dependent child(ren) residing in your hausehold.

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL <u>NDT</u> BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31,

13. Real Estate in Massachusetts That You Own

Real Estate hold		reater than \$1,000, and pro	ovide the required information for each
UNLESS YOU HE CHILD(REN) RES	LD SUCH REAL ESTATE FO DING IN YOUR HOUSEHO	OR YOURSELF, OR FOR YOUR OLD. or through a 8usiness, any	MINEE, OR AGENT FOR ANOTHER PERSON, R SPOUSE AND/OR ANY DEPENDENT Real Estate In Massachusetts at any time
Where applicable,	City, State, Zip Code) Do put "Residence" Insteod of		idress of yours or ony of your fomily members.
Residence			
Assessed value	□ N/A	□ \$20,001 to 40,000	Do you own this real estate with your
of Real Estate:	□ \$1,001 to 5,000	□ \$40,001 to 60,000	spause and/or any dependent
	\$ 5,001 to 10,000 \$10,001 to 20,000	☐ \$60,001 to 100,000 ☑ \$100,001 or more	child(ren) residing in your household during 2018?
Was this Real Es	tate transferred to you o	ir your Business during 2018	B? Yes PNo
If yes, identify th	e person who transferre	d it to you and that persan'	's address.
not disclose the no	me of a member of your olicable, put "Family		e, Zip Code) Do <u>not</u> disclose ony residential r fomily members. Where opplicable, put tress.

(if extra space is needed to complete this response, ottach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, OISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFL.

14. Real Estate in Massachusetts Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your

Household					
	stion 13, identify ali Real Estate in Massachusetts which your ding in your household during 2018 owned directly or through a h had an assessed value greater than \$1,000.				
HOUSEHOLD HELD AS A TRUSTEE, NOMINEE, AND/OR DEPENDENT CHILD(REN) RESIDING	DO NOT LIST ANY REAL ESTATE THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON, <u>UNLESS</u> YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD HELD SUCH REAL ESTATE FOR YOU, HIMSELF OR HERSELF, OR FOR THE DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.				
☐ Not Applicable. I did not have a spouse of during 2018. → SKIP TO QUESTION 15	r any dependent child(ren) residing in my household at any time				
	ependent child(ren) residing in my household during 2018 did not eai Estate in Massachusetts as of December 31, 2018, with an IP TO QUESTION 15				
Address: (Street, City, State, Zip Code) Do <u>nat</u> disclose <u>any</u> residential address of yours or ony of your fomily members. Where applicable, put "Residence" Instead of the address.					
Was this Real Estate transferred to your spot residing in your household during 2018 or to and/or any dependent child(ren) residing in	a Business owned by your spouse 🔲 Yes 🗀 No				
If yes, identify the person who transferred it person's address.	to your spouse and/or any dependent child(ren) and that				
Name: (First, Middle initial, Last) Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead	Address: (Street, City, State, Zip Code) Do <u>nat</u> disclase ony residential address of yours ar any af your family members. Where applicable, put "Residence" Instead of the address.				
of the name.					

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME ANO/OR ADDRESS, THAT NAME ANO/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

NDTE: Questions 15-20 seek information about business, charitable, and realty Trusts. These questions also seek information about family Trusts, but only if you had a right to the Trust's assets as of December 31, 2018. Do NOT report information regarding any family Trust if your right to Trust assets depends on the occurrence of a future event that had not occurred as of December 31, 2018. For example, if your parents created a family Trust that owns their vacation home on Cape Cod for the benefit of their children and grandchildren after their deaths, and both your parents are deceased on December 31, 2018, you would report this Trust; but if your parents created such a Trust and were still living as of December 31, 2018, you would NOT report this Trust.

15. Your Interests in Trusts that Own Real Estate in Massachusetts

Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

A Trust is a legal entity in which a trustee holds legal awnership of property for the benefit of other persons, referred to as the beneficiaries.

Real Estate means all interests in real property, including but not limited to, developed and undeveloped land, buildings and structures of any kind, condominiums, coaperative apartments, time shares and other fractional awnership interests in land or buildings, and rights in land, including easements, oir rights, mineral rights, and the like.

Not Applicable. I was not a beneficiary of any Trust which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000. → SKIP TO QUESTION 16

Name of Trust: Do <u>not</u> disclose the nome of o Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" Instead of the name.								
Address: (Street, City, State, Zip Cade) Da <u>not</u> disclose ony residential address of yours or ony af your family members. Where applicable, put "Residence" instead of the address.								
which applicable,	put nesidence instead of th	E 0001633.						
Assessed value N/A S20,001 to 40,000 Was your spouse and/or any dependent								
of Real Estate:	☐ \$1,001 to 5,000	☐ \$40,001 to 60,000	child(ren) residing in your household					
	☐ \$ 5,001 to 10,000	☐ \$60,001 to 100,000	also a beneficiary of the same Trust?					
	□ \$10,001 to 20,000	☐ \$100,001 or more	☐ Yes ☐ No					
Was this Real Estate transferred to the Trust during 2018?			☐ Yes ☐ No					
If yes, Identify the person who transferred It to the Trust and that person's address.								
Name: Do <u>not</u> disclose the nome of o member of your fomily. Where opplicable, put "Fomily Member" instead of the nome.			tate, Zip Code) Do <u>not</u> disclose ony residential yaur fomily members. Where applicoble, put address.					
_								

(if extra space is needed to complete this response, ottach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, OISCLOSE A NAME AND/OR AODRESS, THAT NAME ANO/OR AOORESS WILL <u>NOT</u> BE REDACTED BY THE STATE ETHICS COMMISSION ANO WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

	ndent Chiid(ren) Residing in Your Household in Trusts that Own
Real Estate in Massachusetts	
dependent child(ren) residing in your househo	ion 15, identify any Trust of which your spouse and/or any id during 2018 was a beneficiary and which owned Real Estate th Bn assessed value greater then \$1,000, and provide the Real Estate holding.
☐ Not Applicable. I did not have a spouse or a during 2018. → SKIP TO QUESTION 17	any dependent child(ren) residing in my household at any time
	endent chiid(ren) residing in my household during 2018 was not Estate in Massachusetts as of December 31, 2018, with an TO QUESTION 17
Name of Trust: Do not disclose the name of a Trus	st that includes the name or residential address of a living member of
your family. Where applicable, put "Family Name/A	
Address of Real Estate owned by Trust: /Street	t, City, State, Zip Code) Do not disclose any residential address of
yours or any of your family members. Where applica	· · · · · · · · · · · · · · · · · · ·
Was this Real Estate transferred to the Trust d	uring 2018? Yes No
If yes, Identify the person who transferred it to	the Trust and that person's address.
Name: Do <u>not</u> disclose the name of a member of your family. Where applicable, put "Fomily	Address: (Street, City, Stote, Zip Code) Do not disclose ony residential address of yours or any of your family members. Where
Member" instead of the name,	opplicable, put "Residence" instead of the address.
	1

[If extra space is needed to complete this response, attach additional pages, with your name at the tap of each page and clearly nate the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME ANO/OR ADDRESS, THAT NAME ANO/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

17.	Transfers of Real Estate in Massachusetts to Anothe	er Person or	r Entity by	You, or by	a Trust of	Which You
	Were a Beneficiary					

identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2018, and provide the required information for each Real Estate holding.

Mot Applicable. I, or a Trust of which I was a beneficiary, did not transfer any Real Estate in Massachusetts with an assessed value greater than \$1,000, to another person or entity at any time during 2018. → SKIP TO QUESTION 18

Address of Real Estate: (Street, C. your fomily members. Where opp		t disclose ony residential oddress of yours or any of stead of the oddress.
Assessed value of Real Estate:	☐ N/A ☐ \$1,001 to 5,000 ☐ \$ 5,001 to 10,000 ☐ \$10,001 to 20,000	☐ \$20,001 to 40,000 ☐ \$40,001 to 60,000 ☐ \$60,001 to 100,000 ☐ \$100,001 or more
If you owned this Real Estate, did dependent child(ren) residing in t		
If this Real Estate was owned by your spouse and/or any depende 2018 also a beneficiary of the same	nt child(ren) residing in yo	
Name of Trust: Do not disclose the your family. Where applicable, put "I		s the nome ar residential address of a living member of instead of the name.
To whom was the Real Estate tra	nsferred?	
Name: Do <u>nat</u> disclose the name af of your family. Where applicable, put Member" instead of the name.		not disclose any residential address of yours or any of embers. Where applicable, put "Residence" instead of the

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/AOORESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME ANO/OR AOORESS, THAT NAME ANO/OR AODRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

18. Transfers of Real Estate in Massachusetts to A Dependent Child(ren) Residing in Your House Dependent Child(ren) Residing in Your House	hold, or a by a Trust of Which Your Sp			
Other than the Real Estate Identified in Question assessed value greater than \$1,000, that was tran any dependent child(ren) residing in your househ any dependent child(ren) residing in your househ and provide the required information for each please.	isferred to another person or entity by old during 2018, or by a Trust of which old during 2018 was a beneficiary, at a	your spo your spo	use and/or ouse and/or	
☐ Not Applicable. I did not have a spouse or any during 2018. → SKIP TO QUESTION 19	dependent child(ren) residing in my h	ousehold	at any time	
Not Applicable. My spouse and/or any dependent Trust of which my spouse and/or any dependent beneficiary, did not transfer any Real Estate in to another person or entity at any time during	nt child(ren) residing in my household Massachusetts with an assessed valu	during 20	018 was a	
Address of Real Estate: (Street, City, State, Zip Conformily members. Where applicable, put "Residence" Institute of the Conformily members.		s of yours o	r ony of your	
Old your spouse and/or any dependent child(ren) Real Estate?	residing in your household own this	□ Yes	□No	
Was this Real Estate owned by a Trust of which y child(ren) residing in your household was a benef		☐ Yes	□No	
Name of Trust: Do <u>not</u> disclose the name of a Trust the your family. Where applicable, put "Family Name/Addr		s af a living	member of	
To whom was the Real Estate transferred?			·	
Name: Do <u>not</u> disclase the name of a member of your family. Where applicable, put "Family Member" instead of the name. Address: Do <u>not</u> disclase any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.				

(if extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/AGORESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR AGORESS, THAT NAME AND/OR AGORESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

19. Other Real Estate Interests or Investments In Massachusetts

identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2018, you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each.

A lien is a legal claim that you have on the property of another person until that person has repaid a debt to you.

An attachment means a legal process by which a court, at the request of a creditor, designotes that certain praperty owned by another person, known as the debtar, be held, transferred, or sold for the benefit of the creditor.

You have a mortgage receivable if you looned a person or entity the maney to purchase the property, and in return, received on interest in the property to secure the laan.

Not Applicable. As of December, 31 2018, i, or a Trust of which i was a beneficiary, did not have a ilen, attachment, or mortgage receivable on any Real Estate in Massachusetts with an assessed value greater than \$1,000. → SKIP TO QUESTION 20

	l Estate: (Street, City, State Where applicable, put "Resid	e , Zip Code) Do <u>not</u> disciose a dence" instead of the oddress.	ny residentiol odd	dress of yours or ony of your
Assessed value of Real Estate:	□ N/A □ \$1,001 to 5,000 □ \$ 5,001 to 10,000 □ \$10,001 to 20,000	☐ \$20,001 to 40,000 ☐ \$40,001 to 60,000 ☐ \$60,001 to 100,000 ☐ \$100,001 or more	Nature of Interest:	☐ Lien ☐ Attachment ☐ Mortgage Receivable
in the Real Esta	Interest in the Real Estate, te with your spouse and/o ing in your household?	, dld γου hold this interest or any dependent		able. I did not hold this this real estate.
Was this intere	st in the Real Estate held b	y a Trust of which you were	e a beneficiary?	Yes 🗆 No
if yes, provide t	he nome of the Trust.			
Name of Trust: Do <u>not</u> disclose the name of a Trust that includes the name ar residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.				
	se and/or any dependent on the same Trust?	chlid(ren) residing in your h	ous <i>e</i> hold also a	Yes 🗆 No

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/AGORESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME ANO/OR AGORESS WILL NOT BE REGACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

20. Other Real Estate Interests in Massachusetts of Your Spouse and/or Dependig	ent) Child	(ren) Residing in
Your Household		
Other than the Real Estate Identified in Question 19, identify any Real Estate in Massessed value greater than \$1,000, on which, as of December 31, 2018, your spochlid(ren) residing in your household, or a Trust of which your spouse and/or depyour household during 2018 was a beneficiary, had a lien, attachment, or mortgathe required information for each.	use and/o endent ch	r any dependent ilid(ren) residing in
☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in during 2018. → SKIP TO QUESTION 21	ı my hous	ehold at any time
☑ Not Applicable. As of December, 31 2018, my spouse and/or any dependent of household during 2018, or a Trust of which my spouse and/or any dependent of household during 2018 was a beneficiary, did not have a ilen, attachment, or no Real Estate in Massachusetts with an assessed value greater than \$1,000. → Stopperson.	:hild(ren) nortgage r	residing in my ecelvable on any
Address of Real Estate: (Street, City, State, Zip Code) Do not disclose any residential of family members. Where applicable, put "Residence" Instead of the name.	address of y	ours ar any af yaur
Nature of Interest:		
☐ Attachment		
☐ Mortgage Receivable		
Did your spouse and/or any dependent child(ren) residing in your household		
during 2018 hold the interest in the Real Estate?	☐ Yes	□No
Was this Interest in the Real Estate held by a Trust of which your spouse and/or		
any dependent child(ren) residing in your household during 2018 was a beneficiary?	□ Yes	□ No
If yes, provide the nome of the Trust.		
Name of Trust: Da <u>not</u> disclase the name of a Trust that includes the name or residential of your family. Where applicable, put "Family Name/Address Trust" instead of the name.	address of a	a living member af

[If extro space is needed to complete this response, ottoch additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Financial Investments

Band or other security issued by the Commonwealth and its palitical subdivisions, agencies, and authorities includes bands, notes, certificates of participation and any other interest or instrument commonly known as a security, or defined as a security by federal law, 15 U.S.C. § 77(a)(1), which is issued by the Commonwealth, or a political subdivision of the Commonwealth, including its agencies, authorities, cities, towns, and other municipalities, unless explicitly excluded.

Business includes all corporations (for profit and not-for-profit), partnerships, sale proprietorships, firms, franchises, associations, arganizations, halding companies, joint stock componies, receiverships, business trusts, real estate trusts, and any other legal entities arganized for profit or for charitable purposes. It does <u>NOT</u> include government agencies; real estate trusts formed <u>SOLELY</u> for the purpose of halding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed <u>SOLELY</u> for the purpose of halding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.

21. Your Investments in Governmental Bands

Identify every bond or other security Issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned, directly or through a Business, as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

Not Applicable. I did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 201B, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 22

NOTE: STATE EMPLOYEES WHO OWN STATE BONDS, AND COUNTY EMPLOYEES WHO OWN COUNTY BONDS, MAY NEED TO FILE A DISCLOSURE OF SUCH OWNERSHIP WITH THE STATE ETHICS COMMISSION, IN ADDITION TO DISCLOSURE OF SUCH OWNERSHIP HERE. PLEASE CONTACT THE COMMISSION'S LEGAL DIVISION FOR MORE INFORMATION.

Name of Bond/Ot	her Security:		
Description of Investment:	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other	Income from Investment: N/A Less than \$1,001 \$1,001 to 5,000	☐ \$ 5,001 to 10,000 ☐ \$10,001 to 20,000 ☐ \$20,001 to 40,000 ☐ \$40,001 to 60,000 ☐ \$60,001 to 100,000 ☐ \$100,001 or more
Old you own this investment with your spouse and/or any dependent child(ren) residing in your household during 2018?			□ Yes □ No

[if extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.]

22. Investments in Governmental Bonds Owned by You	r Spouse and/or any Dependent Child(ren) Residing in
Your Household	
Other than the bonds or other securities identified in Quissued by the Commonwealth of Massachusetts or its proportion of the provide the required information for each security.	piltical subdivisions, agencies, and authorities, which in your household during 201B owned, directly or in had a fair market value as of that date greater than
□ Not Applicable. I did not have a spouse or any dependenting 2018. → SKIP TO QUESTION 23	dent chiid(ren) residing in my househoid at any time
Not Applicable. Other than the bonds or other securing dependent child(ren) residing in my household during issued by the Commonwealth of Massachusetts or its December 31, 2018, whether directly or through a Bugreater than \$1,000. → SKIP TO QUESTION 23	g 201B did not own any bonds or other securities spoiltical subdivisions, agencies, and authorities, as of
Name of Bond/Other Security:	Description of Investment: select one.
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other
	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other

[if extro space is needed to complete this response, ottoch additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ACCRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, OISCLOSE A NAME ANO/OR ACCRESS, THAT NAME ANO/OR ACCRESS WILL NOT BE RECACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

NOTE: Questions 23-24 and 27-28 seek information about business, charitable, and realty Trusts. These questions also seek information about family Trusts, but only if you had a right to the Trust's assets as of December 31, 2018. Do NOT report information regarding any family Trust if your right to Trust assets depends on the occurrence of a future event that had not occurred as of December 31, 2018. For example, if your parents created a family Trust that owns their vacation home on Cape Cod for the benefit of their children and grandchildren after their deaths, and both your parents are deceased on December 31, 2018, you would report this Trust; but if your parents created such a Trust and were still living as of December 31, 2018, you would NOT report this Trust.

23. Your Interests in Trusts that Own Massachusetts Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2018, by a Trust of which you were a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

A Trust is a legal entity in which o trustee halds legal ownership of property for the benefit of other persons, referred to os the beneficiaries.

☑ Not Applicable. A Trust of which I was a beneficiary did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2018, whether directly or through a Business, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 24

Name of 8 and/0	Other Security:		
Description of Investment:	☐ Bond ☐ Certificate of Participation ☐ Notes ☐ Other	Income from Investment:	□ N/A □ \$1,001 to 5,000 □ \$ 5,001 to 10,000 □ \$10,001 to 20,000 □ \$20,001 to 40,000 □ \$40,001 to 60,000 □ \$60,001 to 100,000 □ \$100,001 or more
	Da <u>not</u> disclose the nome of a Trust that inclu e opplicoble, put "Family Name/Address Trus		address af o living member of
	e and/or any dependent child(ren) resid a beneficiary of the same Trust?	ng In your household	□ Yes □ No

[If extra spoce is needed to complete this response, ottach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADORESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

	nterests of Your Spouse and/or Dependent Child(ren) Residing in Your Household in Trusts that O	wn
	Aassachusetts Bonds	

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2018, by a Trust of which your spouse and/or any dependent chiid(ren) residing in your household during 2018 was a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

	I did not have a spouse or any dependent chiid(ren) residing in my househoid at any time SKIP TO QUESTION 2S
and/or any dep bonds or other agencies, and a	Other than any bonds or securities identified in Question 23, a Trust of which my spouse rendent child(ren) residing in my household during 2018 was a beneficiary did not own any securities issued by the Commonwealth of Massachusetts or its political subdivisions, uthorities, as of December 31, 2018, whether directly or through a Business, and which had alue as of that date greater than \$1,000. SKIP TO QUESTION 2S
Name of Bond/Ot	her Security:
Description of	□ 8ond
Investment:	☐ Certificate of Participation
	□ Notes
	□ Other
	not disclose the name of a Trust that includes the name or residential address of a living member of applicable, put "Family Name/Address Trust" instead of the name.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

25. Your Finan	clal Investments	
		or through a Business as of Oecember 31, 2018, an \$1,000, and provide the required information
indebtedness, j in o security or	relating to currency, or in general, any interest out limitation all other securities defined by fed	funds, notes, debentures, other evidences of investment controcts, puts, colls, stroddles, options or instrument commonly known as a security, erol securities low, 15 U.S.C. § 77b(a)(1), unless
BANK ACCOUNT 401(K), 457(B), 0 THE MASSACHU NOMINEE, OR A SPOUSE AND/OR OR BROKERAG	S; MONEY MARKET FUNDS; CERTIFICATES OF DEPO OR OTHER DEFERRED COMPENSATION PLANS; KEO SETTS U PLAN; INSURANCE POLICIES; AND FINANC GENT FOR ANOTHER PERSON <u>UNLESS</u> YOU HELD T R DEPENDENT CHILD(REN) RESIDING IN YOUR HOU E STATEMENT IS <u>NOT</u> PERMITTEO ANO WILL <u>N</u>	rectly or through a Business as of Oecember 31,
Name of Issue	See Atlachment B	
Oescription of	Mann (American Donnelton) Possint)	☐ Preferred Stock
Investment:	☐ ADR (American Depository Receipt)	☐ Real Estate
	☐ Annulty ☐ Bond	☐ U-Fund
	☐ Common Stock	□ U-Plan
	☐ Debenture	☐ Warrant
	☐ Limited Partnership Interest ☐ Mutual Fund ☐ Option Contract	☐ Other
Incorporation f		report the principol ploce of business or stote of nter "Not Applicoble" insteod of the principol ploce
publicly troded	: (Street, City, Stote, Zip Code) Do not report to enter "Not Applicable" instead of the address. is Financial investment with your spouse and	inr any dependent
	and the second of the second o	Yes No

[If extra space is needed to complete this response, attach additional pages, with your name at the tap of each page and clearly note the question to which the information relates.]

child(ren) residing in your household during 2018?

26. Financial investments Owned by Your Spouse and/or any Oependent Child(ren) Residing in Your				
<u>Household</u>				
spouse and/or Business as of 0	any dependent child(ren) residing in your h	n 25, Identify every Financial investment that your ousehold during 2018 owned directly or through a lirket value as of that date greater than \$1,000, and		
ACCOUNTS; MON BS7(B), OR OTHER MASSACHUSETTS CHILO(REN) RESIO PERSON <u>UNLESS</u> Y DR HERSELF, OR F	EY MARKET FUNDS; CERTIFICATES OF ŒPOSIT; I DEFERREO COMPENSATION PLANS; KEOGH PLA U PLAN; INSURANCE POLICIES; AND FINANCIAL ING IN YOUR HOUSEHOLD DURING 2018 HELD A OUR SPOUSE AND/OR DEPENOENT CHILO(REN)	TTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), INS; S29 COLLEGE SAVINGS PLANS, INCLUDING THE INVESTMENTS THAT YOUR SPOUSE AND/OR OEPENOENT IS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER HELO THAT FINANCIAL INVESTMENT FOR YOU, HIMSELF YOUR HOUSEHOLO. NOTE: ATTACHMENT OF AN ANO WILL NOT BE ACCEPTEO FOR FILING.		
	ie. I did not have a spause or any dependence \rightarrow SKIP TO QUESTION 27	nt child(ren) residing in my hausehaid at any time		
dependent of ar through a TO QUESTIO	hlid(ren) residing in my househaid during 2 8usiness as of December 31, 2018, which h N 27	lentified in Questian 2S, my spause and/ar any 018 did not own any Financial Investment directly ad a fair market value greater than \$1,000. → SKIP		
Name of Issuer				
Oescriptian af	☐ AOR (American Depastary Receipt)	☐ Real Estate		
investment:	☐ Annuity	□ U-Fund		
	□ Bond	□ U-Pian		
	☐ Cammon Stock	☐ Warrant		
	☐ Debenture			
	☐ Limited Partnership Interest	☐ Other		
	☐ Mutual Fund			
	☐ Option Contract			
	☐ Preferred Stock			
incorporation fo		nt report the principal place of business or stote of enter "Not Applicoble" instead af the principal place		
	(Street, City, State, Zip Cade) Da <u>not</u> repart enter "Nat Applicable" instead of the oddres	the issuer's address far a publicly traded stack. If		

[if extro space is needed to complete this response, attach additional pages, with your name at the tap of each page and clearly nate the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME ANO/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

27. Your Interests in Trusts that Own Financial Investments

Identify every Financial Investment that was owned as of December 31, 2018, by a Trust of which you were a beneficiary, which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

NOTE: DO <u>NOT</u> INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPDSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 4D1(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; S29 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON <u>UNLESS</u> YOU HELD THAT FINANCIAL INVESTMENT FOR YOURSELF, YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD. <u>NOTE</u>: ATTACHMENT OF AN ACCOUNT OR BROKERAGE STATEMENT IS <u>NOT</u> PERMITTED AND WILL <u>NOT</u> BE ACCEPTED FOR FILING.

Mot Applicable. A Trust of which I was a beneficiary did not own any Financial investment as of Occember 31, 201B, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 28

Name of Issuer:		
Description of	☐ ADR (American Depository Receipt)	☐ U-Fund
Investment:	☐ Annuity	□ U-Plan
	☐ Bond	□ Warrant
	☐ Common Stock	The same of the sa
	☐ Debenture	C Other
	☐ Limited Partnership Interest	Other
	☐ Mutual Fund	
	☐ Option Contract	
	☐ Preferred Stock	
	☐ Real Estate	
Principal Place o	f Business or State of Incorporation: Do not repo	rt the principal place of business or state of
•	publicly troded stock. If publicly traded, enter "Not A	· · · · · · · · · · · · · · · · · · ·
or state of incorpo	rotion.	
Jeeune Addenses	Stenat City State 7in Code Da vet report the ice	under addrage for a publish tended stack. If publish
	Street, City, State, Zip Code) Do <u>not</u> report the iss Applicable" instead of the oddress.	der 3 dadress for a pablicly traded stock. If pablicly
troded, enter ivol	Applicable instead of the duaress.	
None of Truck	De ant ellecters the name of a Trust that includes the	ama as social and and all and a feet live a manage of
	Do <u>not</u> disclose the name of a Trust that includes the r	
your joinny, when	e opplicoble, put "Family Name/Address Trust" Insteo	a of the name.
Was your spous	and/or any dependent child(ren) residing in yo	ur household during
	e and/or any dependent children; residing in your ficiary of the same Trust?	Yes No
Thto gian a peur	included of the same mosts	

[If extra space is needed to complete this respanse, ottoch additional pages, with your name at the top af each page and clearly nate the questian to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

28.	interests of Your Spouse and/or any Dependent Child(ren) Residing in Your Household in Trusts that Dw	'n
	Financial Investments	

Other than the Financial Investments Identified in Question 27, Identify every Financial investment that was owned as of December 31, 2018, by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2018 was a beneficiary, which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

NOTE: DO <u>NOT</u> INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(8), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; S29 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD DURING 2018 HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON <u>UNLESS</u> YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) HELD THAT FINANCIAL INVESTMENT FOR YOU, HIMSELF OR HERSELF, OR YOUR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD. <u>NOTE</u>: ATTACHMENT OF AN ACCOUNT OR BROKERAGE STATEMENT IS <u>NOT</u> PERMITTED AND WILL <u>NOT</u> BE ACCEPTED FOR FILING.

🗆 Not Applicable. i d	I not have a spouse or any dependent chiid(ren) residing in my household at any tim	ne
during 2018> SKI	TO QUESTION 29	

☑ Not Applicable. Other than the Financial Investments Identified in Question 27, a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2018 was a beneficiary, did not own any Financial Investment as of December 31, 2018, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 29

Name of Issuer	:	
Description of	☐ ADR (American Depository Receipt)	☐ Real Estate
Investment:	☐ Annuity	□ U-Fund
	☐ Bond	☐ U-Plan
	☐ Common Stock	☐ Warrant
	☐ Debenture	
	☐ Limited Partnership Interest	☐ Other
	☐ Mutual Fund	
	□ Option Contract	
	☐ Preferred Stock	
	·	t repart the principal place of business or state of "Not Applicable" instead of the principal place of business
	: (Street, City, Stote, Zip Code) Oo <u>not</u> report to ot Applicable" instead of the address.	he Issuer's oddress for a publicly traded stock. If publicly
	Do not disclose the name of a Trust that includes	s the nome or residential address of a living member of

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADORESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, OISCLOSE A NAME ANO/OR ADORESS, THAT NAME ANO/OR ADORESS WILL <u>NOT</u> BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Debts and Mortgages

Primary	Residence is the	place where	you live more thon 50% a	f the time.
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29. Mortgage on Your Primary Residence

Identify all mortgages, Including home equity and reverse mortgage loans, on your Primary Residence, on which more than \$1,000 was owed as of December 31, 2018, where the creditor (person who loaned you the money) is <u>NOT</u>, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO <u>NOT</u> ANSWER THIS QUESTION IF YOU HAVE A MORTGAGE ON YOUR PRIMARY RESIDENCE <u>AND</u> THE CREDITOR (PERSON WHO LOANED YOU THE MONEY) IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT-GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

ANSWER THIS QUESTION ONLY IF YOU OWN YOUR PRIMARY RESIDENCE.

□ Not Applicable. I did not have a mortgage, including a home equity or reverse mortgage loan, on my Primary Residence on which more than \$1,000 was owed as of December 31, 2018, or the creditor is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spause of any such relative. → SKIP TO QUESTION 30

Creditor Name: Da not disclase the name of a member of your family.

Where applicable, put "Family Member" instead of the name.

Community Credit Union of Lynn

Term (length of time) of the mortgage:

N/A Home Equity

Creditor's Address: (Street, City, State, Zip Code) Da nat disclase any residential address of yours ar any of your family members. Where applicable, put "Residence" Instead of the address.

1 Andrew Street, Lynn, MA 01901

Term (length of time) of the mortgage:

N/A Termination Year:

N/A

[if extra space is needed to camplete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/A CORESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME ANO/OR ACORESS, THAT NAME ANO/OR ACORESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

30. Other Mortgages Which You are Obligated to Pay

Identify all mortgages, including home equity or reverse mortgage loan, <u>OTHER</u> than any mortgage on your Primary Residence, on which more than \$1,000 was owed as of Oecember 31, 2018, which you are obligated to pay and where the creditor (person who loaned you the money) is <u>NOT</u> by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

Do NOT Include:

1) ony mortgoge on your Primory Residence.

2) ony mortgoge where the creditor (person who looned you the money) is, by blood or morrioge, your porent, grondporent, great grondporent, child, grandchild, great-grondchild, ount, uncle, sister, brother, niece, nephew, or the spouse of ony such relative.

INCLUDE IN YOUR RESPONSE: ALL MORTGAGES WHICH YOU ARE OBLIGATED TO PAY BECAUSE OF BUSINESS OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 8, REAL ESTATE OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 13, OR INTERESTS IN TRUSTS IDENTIFIED IN RESPONSE TO QUESTION 15.

Not Applicable. I did not have a mortgage, including a home equity or reverse mortgage, on any property other than my Primary Residence, on which more than \$1,000 was owed as of December 31, 2018 or where the creditor is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 31

Real Estate Address: (Street, City, fomily members. Where opplicable, p				tial address o	f yaurs or or	ny of your
Creditor Name: Do <u>not</u> disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.	residential	oddress of	reet, City, Stote, Zi yours or ony of yo lence" insteod of ti	ur fomily me		•
Original amount of mortgage:			Amount of mort	gage	□ \$ 5,00:	1 to 10,000
□ N/A	☐ \$10,001 to	20,000	outstanding as o	ıf	□ \$10,00	1 to 20,000
☐ Less than \$1,001	☐ \$20,001 to	40,000	December 31, 20	018:	\$20,00	1 to 40,000
☐ \$1,001 to \$,000	□ \$40,001 to	60,000			□ \$40,00	1 to 60,000
☐ \$ 5,001 to 10,000	☐ \$60,001 to	100,000	□ N/A		□ \$60,00	1 to 100,000
	\$100,001 o	r more	☐ \$1,001 to 5,00	00	□\$100,0	001 or more
Term (length of time) of the mortgage: Interest Rate (%): Termination Year:						
Was your spouse and/or any dependent child(ren) residing in your household during						

(If extra space is needed to camplete this response, attoch additional pages, with your name of the top of each page and clearly note the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME ANO/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SEL.

31. Other Mortgages Which Your Spouse and/or any Dependent Child(ren) Residing in Your Household Are Obligated to Pay

Identify all mortgages, including home equity and reverse mortgage loans, <u>OTHER</u> than any mortgage on your Primary Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 31, 2018, and which your spouse and/or any dependent child(ren) residing in your household during 2018 were obligated to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is <u>NOT</u> by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

INCLUDE IN YOUR RESPONSE: ALL MORTGAGES WHICH YOUR SPOUSE AND/OR ANY DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD WAS OBLIGATED TO PAY BECAUSE OF BUSINESS OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 9, REAL ESTATE OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 14, OR INTERESTS IN TRUSTS IDENTIFIED IN RESPONSE TO QUESTION 16.

Mot Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time

during 2018. → SKIP TO QUESTION 32

dependent child(ren) residing in equity and reverse mortgage to my spouse or dependent child(r	n my househ an, on which en) ilving in grandparent	nold during 2018 did not i h more than \$1,000 was o i my household was obilg , great grandparent, chiid	Question 30, my spouse and/or any have a mortgage, including a home owed as of December 31, 2018, which lated to pay, or where the creditor is by d, grandchild, great-grandchild, aunt, tive> SKIP TO QUESTION 32
Real Estate Address: (Street, City, S your fomily members. Where oppil			esidentiol oddress of yours or ony of ddress.
Creditor Name: Do <u>not</u> disclase the name of a member of yaur family. Where applicable, put "Family Member" instead of the name.	of your family. oddress of yours or ony of your family members. Where opplicable, put "Residence" instead of the address.		
Term (length of time) of the mortg	age:	Interest Rate (%):	Termination Year:

[if extro space is needed to complete this response, ottoch additional pages, with your name at the top of each page and clearly nate the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR A ODRESS, THAT NAME AND/OR ADDRESS WILL <u>NOT</u> BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

32. Your Other Debts

Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2018, <u>IF</u> the person to whom you owed the debt is <u>NOT</u> by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

OO <u>NOT</u> INCLUDE: NON-MORTGAGE RETAIL INSTALLMENT LOANS SUCH AS CAR LOANS, OR LOANS TO PURCHASE HOUSEHOLD ITEMS; EDUCATIONAL LOANS; CREDIT CARD DEBT OTHER THAN CASH ADVANCES; MEDICAL OR DENTAL EXPENSE DEBT; ALIMONY OR SUPPORT PAYMENT OBLIGATIONS; DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS; OR DEBT OWED TO AN INDIVIDUAL WHO IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT-GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

☑ Not Applicable. I did not have any non-mortgage debts of more than \$1,000 that I owed as of December 31, 201B, or any non-mortgage debts were owed to an individual who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 33

Creditor Address: (S	itreet, City, Stote, Zip Code)	Do <u>not</u> disclase any reside	ntlal address of yaurs ar any of your family
members. Where opp	licable, put "Residence" insteod	af the oddress.	
Orlginal Amount	□ N/A	Amount Owed:	□ N/A
Borrowed:	☐ Less than \$1,001		□ \$1,001 to 5,000
	\$1,001 to 5,000		□ \$ 5,001 to 10,000
	☐ \$ 5,001 to 10,000		☐ \$10,001 to 20,000
	☐ \$10,001 to 20,000		□ \$20,001 to 40,000
	□ \$20,001 to 40,000		□ \$40,001 to 60,000
	☐ \$40,001 to 60,000		\$60,001 to 100,000
	\$60,001 to 100,000		□ \$100,001 or more
	☐ \$100,001 or more		
Interest Rate (%):		Date of Repayment I	Due:
Loan Collateral/	☐ Real Estate →	If Real Estate, Real E	state Address: Do <u>not</u> disclose ony
Property to		residential address of y	ours or any of your family members. Where
Guarantee		opplicoble, put "Reside	nce" instead of the address.
Repayment:			
Select one.			
	Other: (specify)		

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

33. Other Debt of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your household during 2018 owed as of December 31, 2018, <u>IF</u> the person to whom your spouse and/or any dependent child(ren) residing in your household during 2018 owed the debt is <u>NOT</u>, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO <u>NOT</u> INCLUDE: NON-MORTGAGE RETAIL INSTALLMENT LOANS SUCH AS CAR LOANS, OR LOANS TO PURCHASE HOUSEHOLD ITEMS; EDUCATIONAL LOANS; CREDIT CARD DEBT OTHER THAN CASH ADVANCES; MEDICAL OR DENTAL EXPENSE DEBT; ALIMONY OR SUPPORT PAYMENT OBLIGATIONS; DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS; OR DEBT OWED TO A PERSON WHO IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT-GRAND CHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time

during 2018. → SKIP TO QUESTION 34

		t child(ren) residing in my household during 2018 did not 0 that were owed as of December 31, 2018. → SKIP TO
owed as of December 31, 2	018 were owed to a pearent, child, grandchild	than \$1,000 that my spouse and/or dependent child(ren) erson who is, by blood or marriage, my parent, great-grandchild, aunt, uncle, sister, brother, niece, IP TO QUESTION 34
Creditor Name: Do <u>not</u> disclase the name.	the name of a member a	fyaur family. Where applicable, put "Family Member" instead of
Creditor Address: (Street, City, members. Where applicable, put		ot disclose ony residential address of yours ar ony of your family e address.
Interest Rate (%):		Date of Repayment Due:
Loan Collateral/ Property to ☐ Real Estate → Guarantee Repayment: Select one.		If Real Estate, Real Estate Address: Do <u>not</u> disclose any residential oddress of yours or ony of your family members. Where applicable, put "Residence" instead of the address.
	☐ Other: (specify)	

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," DR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL <u>NOT</u> BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

34. Your Forgiven Debts	
during 2018, <u>EXCLUDING</u> great grand parent, child,	ebts of more than \$1,000 which you divide and which were forgiven at any time debts forgiven by a person who is, by blood or marriage, your parent, grandparent, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the ve, and provide the required information for each.
☑ Not Applicable. I did r time during 2018. → 5	not have any debts of more than \$1,000 which I owed and which were forgiven at any
during 2018, were forg	on-mortgage debts of more than \$1,000 which I owed and which were forgiven given by a person who is, by blood or marriage, my parent, grandparent, great andchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse SKIP TO QUESTION 35
Creditor Name: Dang instead of the name.	ot disclase the name of a member of your family. Where applicable, put "Fomily Member"
	reet, City, State, Zip Code) Do <u>not</u> disclose any residential address of yours or ony of your end applicable, put "Residence" instead of the address.
Amount Forgiven:	□ N/A □ \$1,001 to 5,000 □ \$ 5,001 to 10,000 □ \$10,001 to 20,000 □ \$20,001 to 40,000 □ \$40,001 to 50,000 □ \$60,001 to 100,000

[if extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

☐ \$100,001 or more

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

3S. Forgiven Debts of Your Spouse and/or any Dependent Child(ren) Residing in Your Household					
identify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) residing in your household during 2018 and were forgiven at any time during 2018, EXCLUDING debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.					
☐ Not Applicable. I did not have a spouse of during 2018. → SKIP TO QUESTION 36	or any dependent child(ren) residing in my household at any time				
	ependent child(ren) residing in my household during 2018 did not ch were owed and which were forgiven at any time during 2018.				
child(ren) owed and which were forgiver marriage, my parent, grandparent, great	s of more than \$1,000 which my spouse and/or any dependent in during 2018, were forgiven by a person who is, by blood or grandparent, child, grandchild, great-grandchild, aunt, uncle, ouse of any such relative. → SKIP TO QUESTION 36				
Creditor Name: Do <u>nat</u> disclase the name of a member of your fomily. Where opplicable, put "Fomily Member" instead of the name. Creditor Address: (Street, City, State, Zip Code) Da <u>nat</u> disclose any residential address of yours or ony of your fomily members. Where applicable, put "Residence" instead of the address.					

[If extra space is needed to complete this response, attach additional pages, with your name at the tap of each page and clearly nate the question to which the information relates.]

Reimbursements, Gifts, and Honoraria Provided By Certain Individuals

A Reimbursement is payment for maney expended or to be expended (e.g., trovei, meois ar lodging). A Reimbursement must be for octual expenses incurred or to be incurred.

A person hos a direct interest in a motter before a governmental body if, at any time, during 2018: (1) the use or value of his property ar the conduct of his business; or (2) the use ar value of the praperty, ar the conduct of his business, with which he is affiliated as on employee, afficer, director, trustee, general portner, proprietar, or in a similar managerial copacity; could be or was affected by a matter before a governmental body, unless the effect is not substantially greater than the effect generally on persons residing in Mossachusetts. Any business which is regulated by a government body has such an interest.

A person has a direct interest in legislation or legislative action if, at any time during 2018: (1) the use ar value of his property or the conduct of his business; or (2) the value of the property, ar the conduct of the business, with which he is offiliated as an employee, officer, director, trustee, general partner, proprietor, or in a similar managerial capacity; could be ar was offected by that legislation or legislative action, unless the effect is not substantially greater than the effect generally on persons residing in Massochusetts. Any business which is regulated by a gavernmental body has such an interest.

Are you filing this SFI <u>ONLY</u> because you are a candidate? If yes → SKIP TO QUESTION 40	□ Yes	☑ No
36. Reimbursements Provided to You By Certain Individuals		
a. identify any Reimbursements for expenses in excess of \$10 any legislative agent or executive agent (lobbyist).	0 provided	d to you at any time during 2018 by
Not Applicable. I did not receive any Reimbursements for agent or executive agent (lobbyist) at any time during 201	•	
	•	
agent or executive agent (lobbyist) at any time during 201	•	TO QUESTION 36.b

[if extra space is needed to camplete this response, attach odditional pages, with your name at the top of each page and clearly note the guestian to which the information relates.]

I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:	I am filing this SFI because I had or now have an APPOINTED position:		
1			
identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36.a, which you received at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. ☑ Not Applicable. Other than any Reimbursements identified in response to Question 36.a, i did not receive any Reimbursements for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 37	Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36.a, which you received at any time during 2018 from any person having a direct interest in a matter before the governmental body by which you were or are now employed. □ Not Applicable. Other than any Reimbursements identified in response to Question 36.a, I did not receive any Reimbursements for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was or am not employed. → SKIP TO QUESTION 37		
Name of Source of Reimbursement:	Amount of Relmbursement:		
Address of Source of Relmbursement:			

[If extra space is needed to complete this response, ottoch additional pages, with your name at the top of each page and clearly nate the question to which the information relates.]

37. Reimbursements Provided to Your Spouse and/or any Dependent Child(ren) Residing in Your Household By Certain Individuals							
a. Identify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) residing in your household during 2018 at any time during 2018 by any legislative agent or executive agent (lobbyist).							
□ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 38							
Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any Reimbursements for expenses at any time during 2018 from any legislative agent or executive agent (lobbyist). → SKIP TO QUESTION 37.b							
Name of Legislative Agent or Executive Agent:	Address of Legislative Agent or Executive Agent:						

[If extro space is needed to complete this response, ottoch additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

b. Check the column which applies to you and follow	the instructions for that column.	
I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position: identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Q37.a, provided to your spouse and/or dependent child(ren) residing in your household during 2018 at any time during 2018 by any person having a direct interest in legislation, legislative action, or any manner before a governmental body. Not Applicable. Other than any Reimbursements identified in response to Question 37.a, my spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any other Reimbursement for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 38	I am filing this SFI because I had or now have an APPOINTED position: Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Q37.a, provided to your spouse and/or dependent child(ren) residing in your household during 2018 at any time during 2018 by any person having a direct interest in a matter before the governmental body by which you were or are now employed. □ Not Applicable. Other than any Reimbursements identified in response to Question 37.a, my spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any other Reimbursement for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 38	
Name of Source of Reimbursement:	Address of Source of Reimbursement:	

[if extra space is needed to complete this response, ottach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.]

38. Gifts and Hanoraria Provided to You By Certain	<u>Individuals</u>
of equal or greater value is given in return. GIFT shall low; o commercially reasonable loon made in the ord. Inheritance; or a GIFT received from o person who is, grandporent, child, grandchild, great-grandchild, oun any such relative.	ndvance, service, ar anything of value, unless cansideratian in nat include: A political cantribution reported as required by inary course of business; onything of value received by by blood or morrioge, your porent, grondporent, great t, uncle, sister, brother, niece or nephew, or the spouse of f value as consideration far an oppearance, speech, the
writing of on orticle, or other similar activity.	value as consideration for an oppearonce, speecif, the
Check the column which applies to you and follow the	
IZ I am filing this SFI because I had ar now have an ELECTED position or had ar now have BOTH an elected and appointed position:	☐ I am filing this SFI because I had ar now have an APPOINTED pasition:
↓	↓
Identify any Gifts and/or Honoraria worth more that \$100 provided to you at any time during 2018 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.	\$100 provided to you at any time during 2018 by any person having a direct interest in a matter before a
☑ Nat Applicable. I did not receive any Gifts and/ar Hanoraria worth more than \$100 at any time during 2018 from any person having a direct Interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 39	Nat Applicable. I did nat receive any Gifts and/ar Hanararia worth mare than \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was ar am naw emplayed. → SKIP TO QUESTION 39
Name of Donor:	Person or entity far wham Danar was acting, if any:
Donar's Address: (Street, City, State, Zlp Cade)	Fair market value of Gift or Hanorarium:

(If extra space is needed to camplete this response, attach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.)

39. Gifts and Honoraria Provided to Your Spouse and/or any Dependent Child(ren) Residing in Your				
Household By Certain individuals				
□ Not Applicable. I did not have a spouse or any diduring 2018. → SKIP TO QUESTION 40 Check the column which opplies to you and follow to	ependent child(ren) residing in my household at any time he instructions for that column.			
i am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:	☐ i am filing this SFI because i had or now have an APPOINTED position:			
\	V			
identify any Gifts and/or Honoraria worth more that \$100 provided to your spouse and/or any dependenchild(ren) residing in your household during 2018 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. ✓ Not Applicable. My spouse and/or any dependenchild(ren) residing in my household during 2018 did not receive any Gifts and/or Honoraria worth more than \$100 at any time during 2018 from an person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 40	\$100 provided to your spouse and/or any dependent child(ren) residing in your household during 2018 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which you were or are now employed. I Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any Gifts and/or Honoraria worth			
Name of Donor:	Person or entity for whom Donor was acting, if any:			
Donor's Address: (Street, City, State, Zip Code)				

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL <u>NOT</u> BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Blind Trust

A Blind Trust is a Trust in which the fiduciaries, namely the trustees or those who have been given power of attorney, have full discretion over the assets, and the Trust beneficiaries have no knowledge of the holdings of the Trust and no right to intervene in their handling.

40.	Did you, or your spouse and/	or any dependent child(ren) residing in your household d	uring 2018, own
	anything that you have not re	eported on this Statement of Financial Interests because	it was held in a Blind
	Trust during 2018? ☐ Yes	☑ No	

If yes, please provide the following information:

Name of Trust: Do <u>not</u> disclose the name of a Biland Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.	Name of Trustee: Do <u>not</u> disclose the name of a member of your family, Where applicable, put "Family Member" instead of the name.

[If extro space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly nate the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/AOORESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME ANO/OR AOORESS, THAT NAME ANO/OR ADORESS WILL <u>NOT</u> BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Certification	
1, Churchy DBahr. (Name)	certify under the pains and penalties of perjury that:
I made a diligent effort to obtain the required information of dependent child(ren) residing in my household, if any; and of attachments is true and complete, to the best of my knowle	the information provided on this form and any
Submitted: Most 23,109 (Date)	
Did your spouse and/or any dependent child(ren) residing li which is necessary to complete this form fully and accurate	·
Did you decline to answer in whole or in part any specific Q information is privileged by law?	uestion(s) on this form because you assert that the
If Yes, identify the Question Number and Question you deci privilege.	ined to answer <u>AND</u> the basis of your claim of
Question Number & Question Declined to Answer	Basis of My Claim of Privilege

[If extro space is needed to complete this response, ottoch additional pages, with your name at the top of each page and clearly note the Question to which the information relates.]

IMPORTANT:

- No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in their duties or to receive
 compensation from public funds unless they have filed a Statement of Financial interests with the State
 Ethics Commission.
- 2. The State Ethics Commission does <u>NOT</u> accept a faxed or emailed copy of a Statement of Financial Interests for filling. You <u>must</u> file an original.
- 3. Manually filed Statements of Financial interests must be submitted by mail or in person to the State Ethics Commission at: One Ashburton Place, Room 619, Boston, MA 0210B. A Statement of Financial Interests mailed to the Commission will be deemed filed on the date that it is received.
- 4. If you were required to amend your Statement of Financial interests last year, we encourage you to carefully review your 2018 filling before submitting.

ATTACHMENT A

Question 8: Businesses You Owned, In Whole or In Part - Governor Charles D. Baker

Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2018, and provide the required information of each.

Name	Address	Position Held	Filer/Immediate Member of Family	Pereentage of Stock or other ownership interest	Gross Income
CBDI Partners, LLC	2711 Centerville Road, Suite 400, Wilmington, DE 19808	Owner	Filer	100%	N/A
CBDII Partners, LLC	255 State Street, 7 th Floor, Boston, MA 02109	Owner	Filer	100%	N/A

ATTACHMENT B

Question No. 25: Financial Investments - Governor Charles D. Baker and Lauren S. Baker

Identify every Financial Investment that you owned directly or through a Business as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

Name of Issuer	Description of Investment	Principal Place of Business or State of Incorporation	Issucr Address	Owner
Arsenal Beauty LLC	REIT	Watertown, MA	311 Arsenal Street Watertown, MA	Filer
DC Industrial Liquidating Trust	REIT	Not Applicable	Not Applicable	Filer & Spouse
Coca-Cola Company	Stock	Not Applicable	Not Applicable	Filer & Spouse
Interpublic Group Company Inc.	Stock	Not Applicable	Not Applicable	Filer & Spouse
Oceans Holdings LLC	Stock	Chicago, IL	1446 West Fullerton Street Chicago, IL	Filer
OGS Investment, LLC	Membcrship	Cambridge, MA	Cambridge, MA	Filcr
WP Carey Inc.	Stock	Not Applicable	Not Applicable	Filer & Spouse
Fidelity Puritan Fund	Mutual Fund	Boston, MA	Boston, MA	Spouse
Fidclity Advisory Energy CL	Mutual Fund	Boston, MA	Boston, MA	Filer & Spouse
Fidelity Value Fund	Mutual Fund	Boston, MA	Boston, MA	Spouse
Loomis Sayles Strategic Income Fund	Mutual Fund	Boston, MA	Boston, MA	Filer & Spouse
Oppenheimer	Mutual Fund	New York, NY	New York,	Filer &

Name of Issuer	Description of Investment	Principal Place of Business or State of Incorporation	Issucr Address	Owner
Rochester High Yield Municipal Fund			NY	Spouse
Oppenheimer Rochester Short Term Municipal Fund	Mutual Fund	New York, NY	New York, NY	Filer & Spouse
Templeton Global Total Return Fund	Mutual Fund	San Mateo, CA	San Mateo, CA	Filer & Spouse
Templeton Global Income Fund	Closed-end fund	San Mateo, CA	San Matco, CA	Filer & Spouse
Western Asset Intermediate Municipal Fund	Closed-end fund	Baltimore, MS	Baltimore, MD	Filer & Spouse